

NAME _____ Date: _____
 DOB: _____
 PCM Clinic name: _____
 PCM Clinic #: _____

Normal Resting Respiratory Rates by Age			
Age	Green	Yellow	Red
6-12 months	< 40	40 – 48	> 48
1-4 years	< 30	30 – 36	> 36
4-9 years	< 25	25 – 30	> 30
9-14 years	< 23	23 – 27	> 27
> 14 years	< 22	22 – 26	> 26

Respiratory Rate and/or Symptom Based Asthma Action Plan

The Earlier an Asthma Flare-up is Recognized and Treated the More Successful the Action Plan!

GREEN ZONE (GO!): “Well”	YELLOW ZONE (CAUTION!): “Mild-Moderate Flare”	RED ZONE (DANGER!): “Severe Flare”
<ul style="list-style-type: none"> ➤ <u>Resting</u> Respiratory Rate Less Than _____ ➤ Able to do usual activities ➤ No asthma symptoms ➤ Usual medications control asthma well 	<ul style="list-style-type: none"> ➤ <u>Resting</u> Respiratory Rate _____ to _____ ➤ Some asthma symptoms (chest tightness, wheeze, persistent cough, shortness of breath) ➤ Waking at night due to asthma ➤ Decreased ability to do usual activities 	<ul style="list-style-type: none"> ➤ <u>Resting</u> Respiratory Rate Greater Than _____ ➤ Very short of breath ➤ Symptoms persisting more than 24 hours ➤ Usual activity severely limited ➤ Poor response to YELLOW ZONE ACTION
ACTION	ACTION	ACTION
<ul style="list-style-type: none"> ➤ Continue daily asthma control medications and monitoring <div> My Daily Asthma Control Medicines: 1) _____ 2) _____ 3) _____ </div>	<ul style="list-style-type: none"> ➤ Continue daily asthma control medications and monitoring PLUS RESCUE: ➤ RESCUE = _____ puffs Albuterol or Xopenex MDI with aero chamber and recheck Respiratory Rate in 5-10 min ➤ REPEAT Albuterol or Xopenex treatments up to 3 times, recheck Respiratory Rate, then ➤ FOLLOW INSTRUCTIONS FOR RESPONSE BELOW: 	<ul style="list-style-type: none"> ➤ Continue daily asthma control medications and monitoring PLUS RESCUE: ➤ RESCUE = _____ puffs Albuterol or Xopenex MDI with aero chamber and recheck Respiratory Rate in 5-10 min ➤ REPEAT Albuterol or Xopenex treatments up to 3 times, recheck Respiratory Rate, then ➤ FOLLOW INSTRUCTIONS FOR RESPONSE BELOW:

Emergency Room Care:
Contact: _____

Or get authorization from
your PCM clinic for
authorization if outside of
your local military treatment
facility area

GOOD RESPONSE	INCOMPLETE RESPONSE	POOR RESPONSE
<ul style="list-style-type: none"> ➤ <u>Resting</u> Respiratory Rate: Less Than _____ ➤ No wheezing/No symptoms ➤ Response to Albuterol or Xopenex lasts at least four hours. <input type="checkbox"/> Continue Albuterol or Xopenex every 4 hours for _____ days AND: <input type="checkbox"/> Notify your PCM clinic <input type="checkbox"/> _____ 	<ul style="list-style-type: none"> ➤ <u>Resting</u> Respiratory Rate: _____ to _____ ➤ Persistent symptoms ➤ Rescue inhaler lasts <3 hours <input type="checkbox"/> Continue Xopenex or Albuterol _____ puffs every hour for _____ hours AND: <input type="checkbox"/> Prednisone or Prelone _____ (dose) by mouth now AND <input type="checkbox"/> Contact Provider within 1 hour 	<ul style="list-style-type: none"> ➤ <u>Resting</u> Respiratory Rate > _____ ➤ Prominent breathing symptoms <input type="checkbox"/> Continue Xopenex or Albuterol _____ puffs every hour for _____ hours AND: <input type="checkbox"/> Prednisone or prelone _____ (dose) by mouth, start NOW <input type="checkbox"/> Contact Provider NOW or Go to the ER or call 911